STATE OF MARYLAND

DHMH

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June 29, 2012

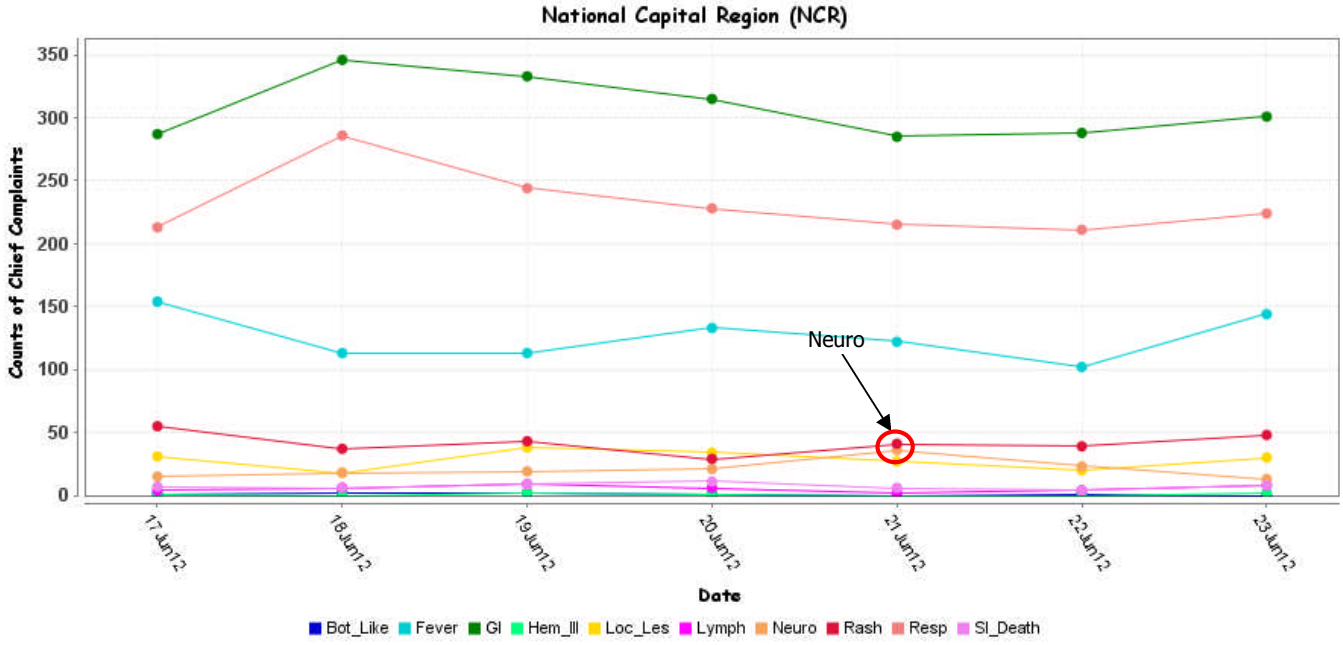
Public Health & Emergency Preparedness Bulletin: # 2012:25
Reporting for the week ending 06/23/12 (MMWR Week #25)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: **No Active Alerts**
Maryland: **Level One (MEMA status)**

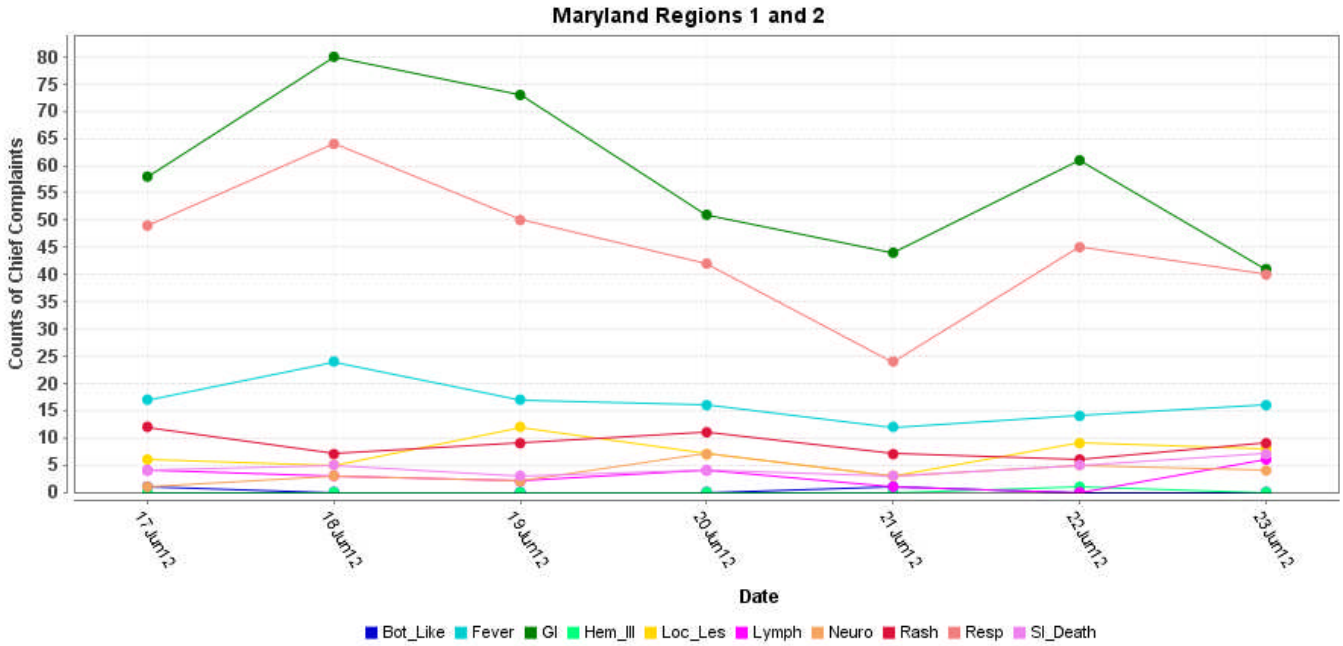
SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

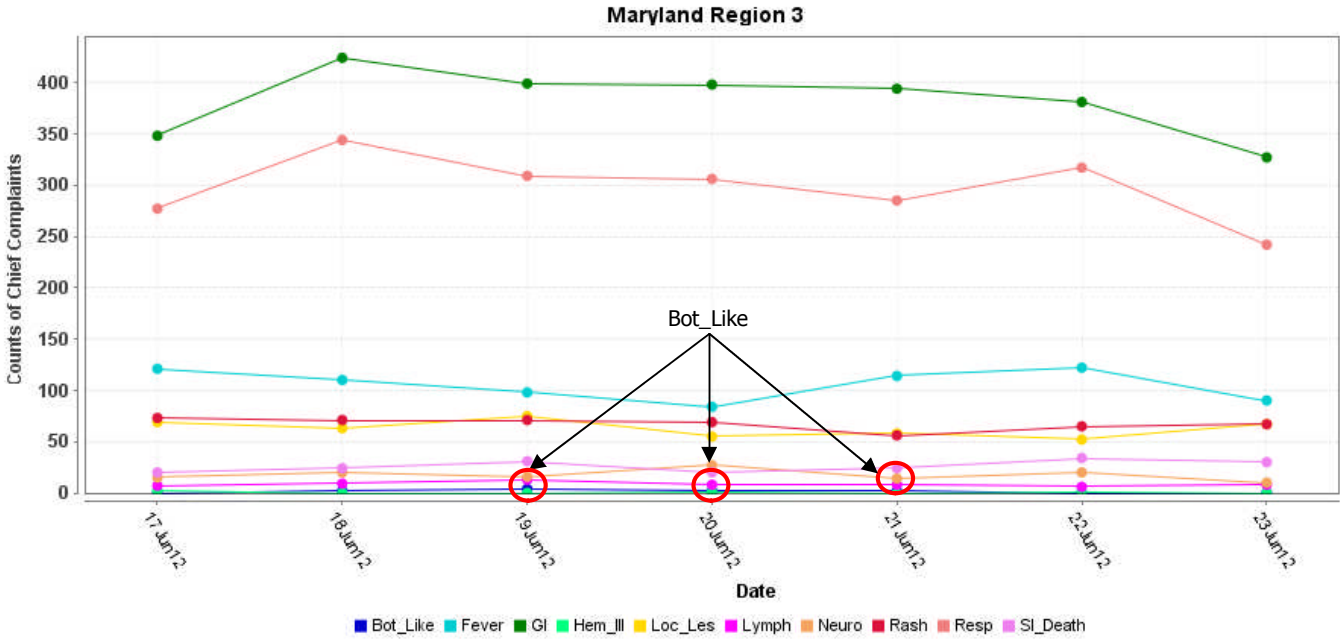


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

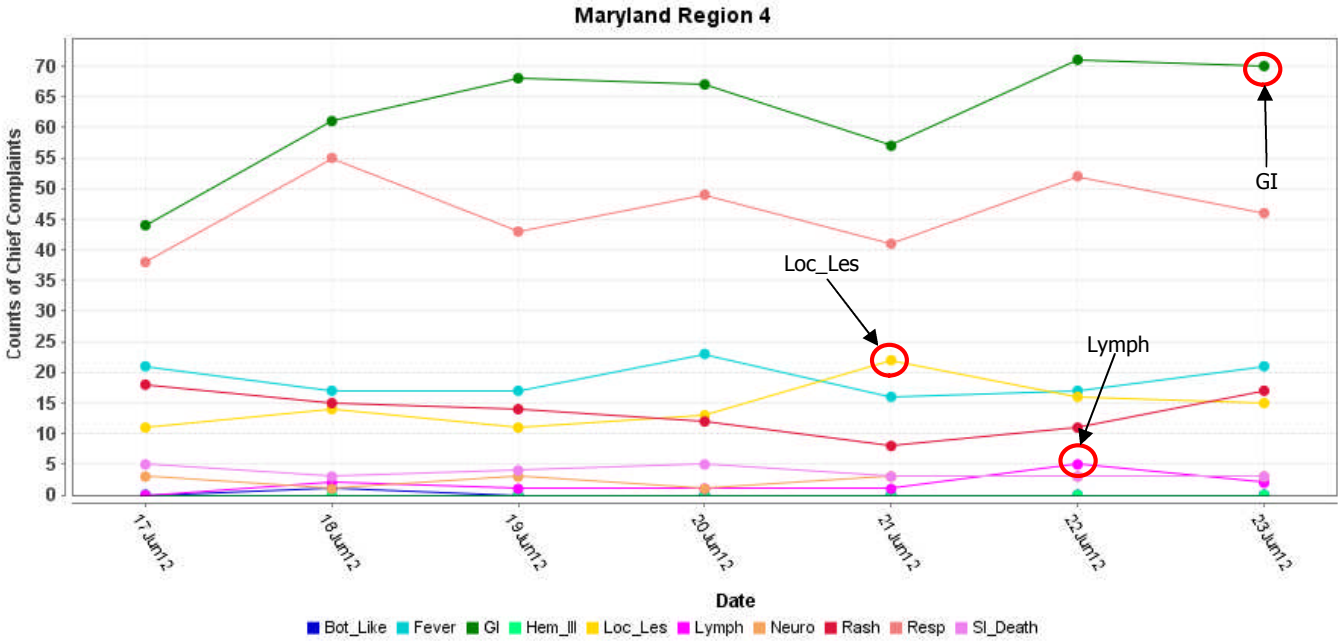
MARYLAND ESSENCE:



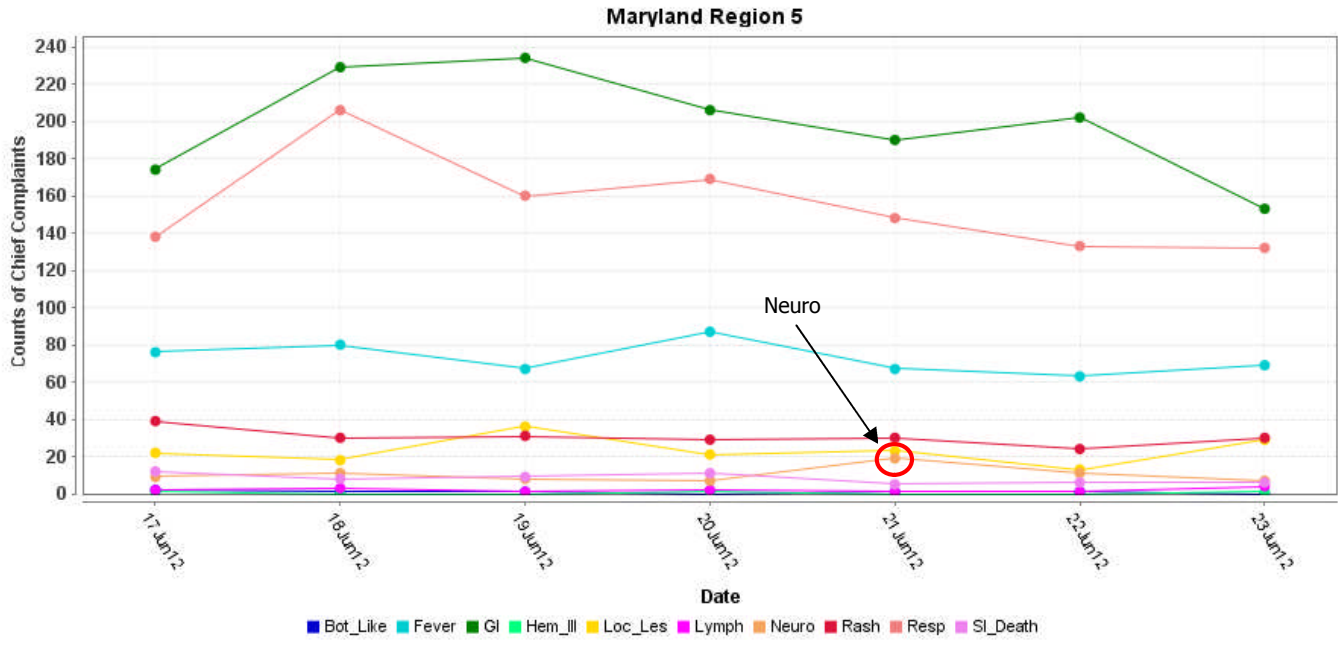
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



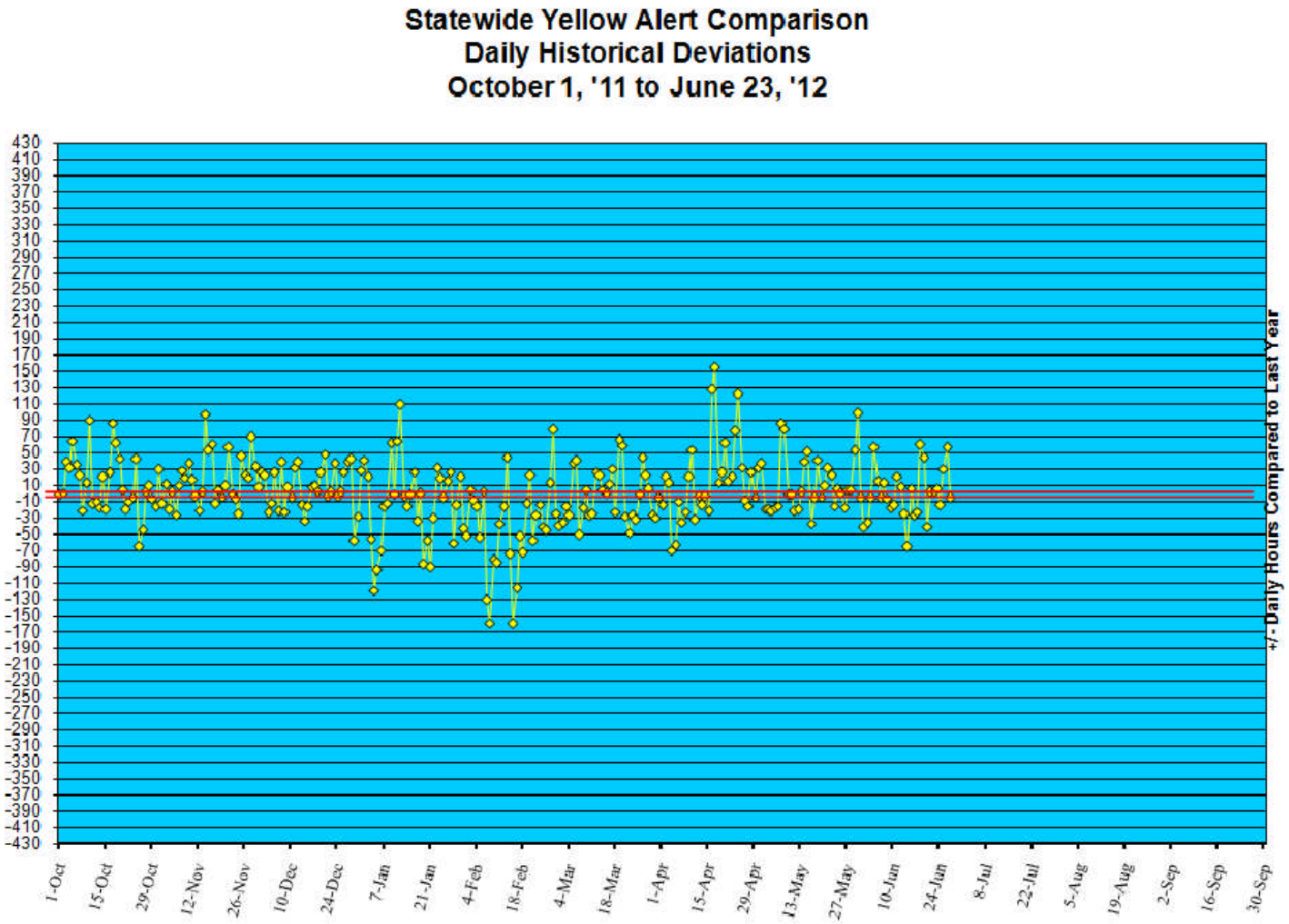
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in May 2012 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (June 17 – June 23, 2012):	9	0
Prior week (June 10 – June 16, 2012):	9	0
Week#25, 2011 (June 18 – June 24, 2011):	8	0

2 outbreaks were reported to DHMH during MMWR Week 25 (June 17-23, 2012)

2 Rash illness outbreaks
2 outbreaks of HAND, FOOT, AND MOUTH DISEASE associated with Daycare Centers

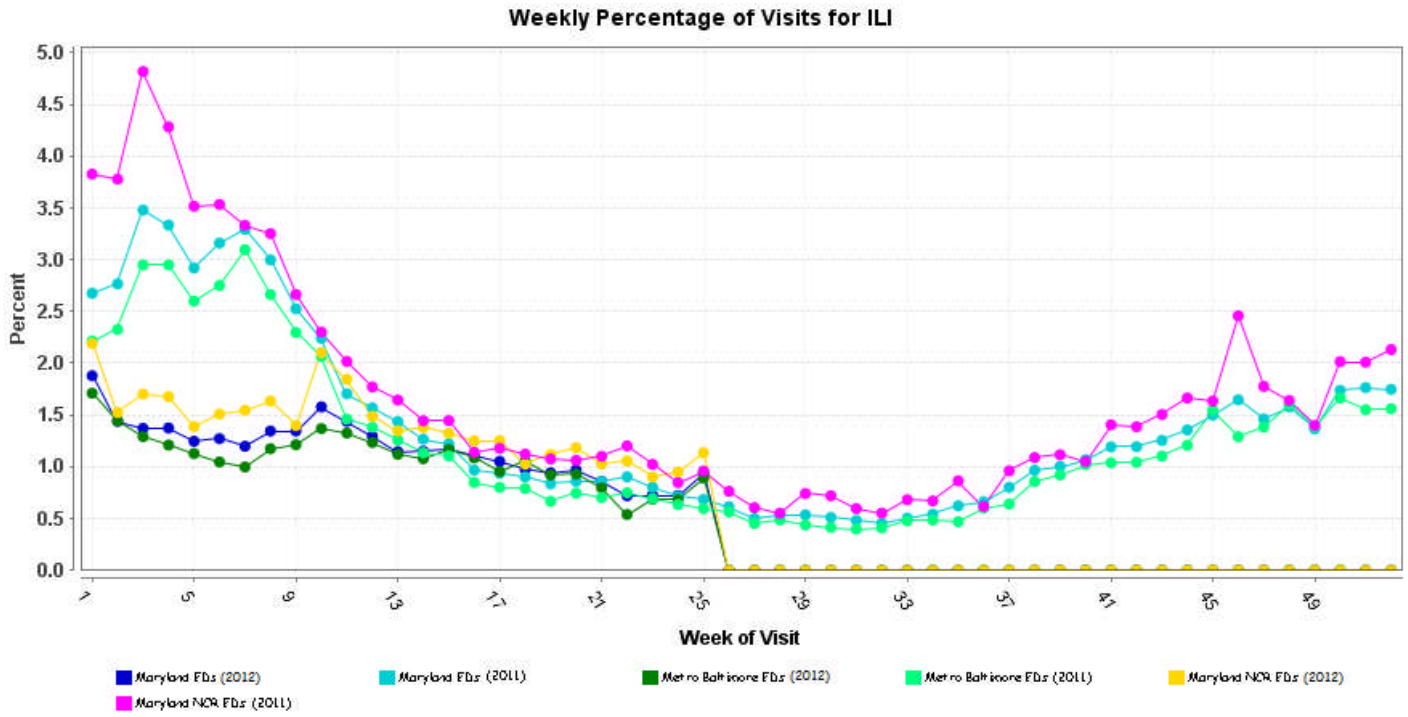
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

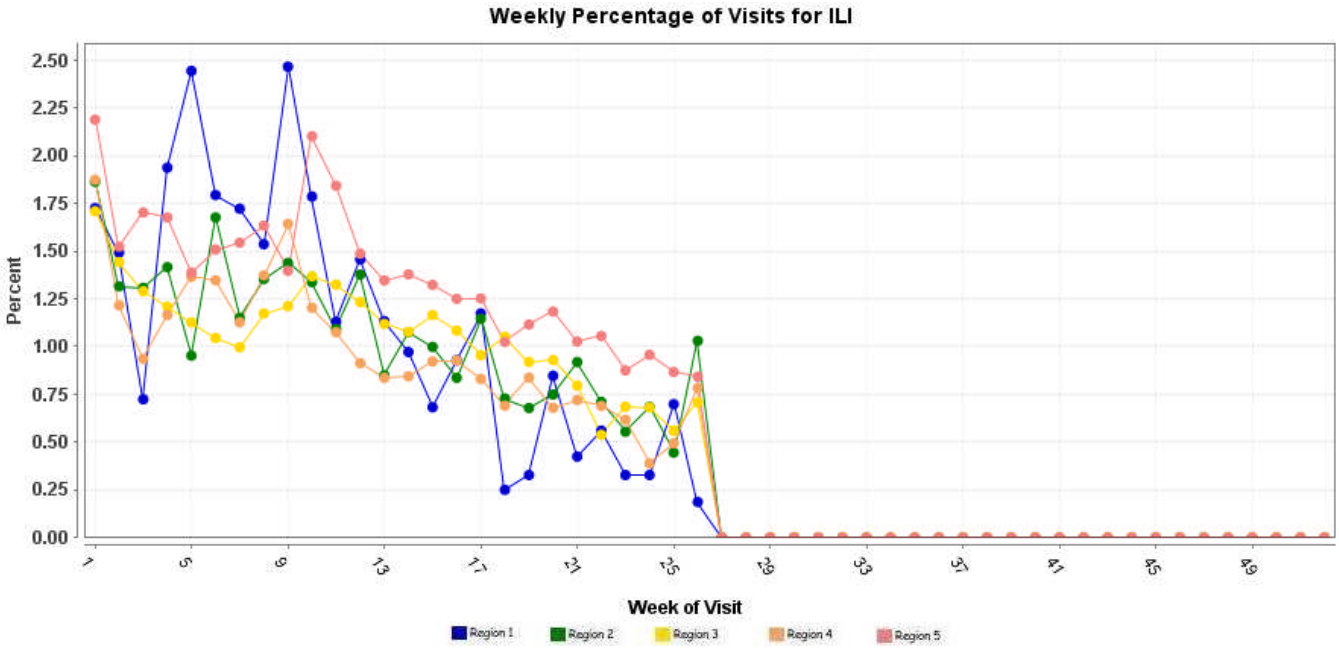
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



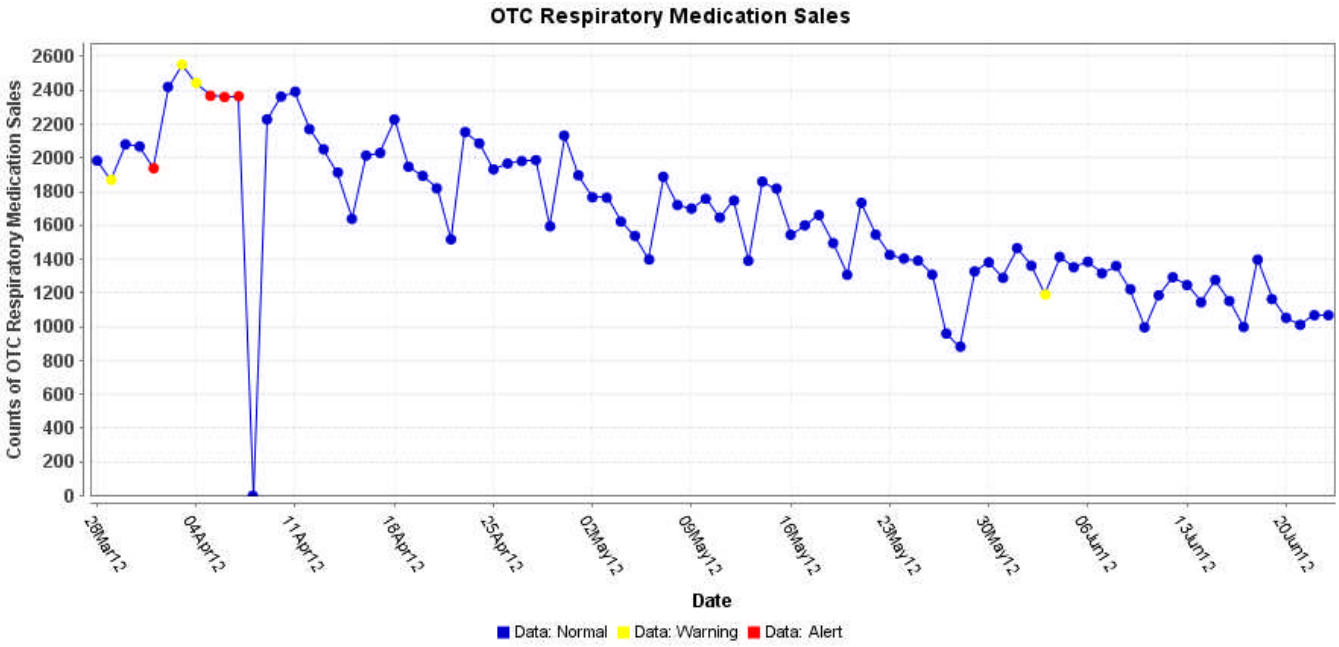
* Includes 2011 and 2012 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2012 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of June 7, 2012, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 606, of which 357 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

NATIONAL DISEASE REPORTS

BOTULISM (CALIFORNIA): 22 June 2012, Healthy Choice Island Blends, Inc. of Los Angeles, California, is recalling all sizes of Liquid Gold Carrot Juice including 128 oz, 64 oz, 32 oz, and 16 oz, because it has the potential to be contaminated with *Clostridium botulinum*, which can cause botulism, a serious and potentially fatal foodborne illness. Foodborne botulism is a severe type of food poisoning caused by the ingestion of foods containing the potent neurotoxin formed during growth of the organism. Foodborne botulism can cause the following symptoms: general weakness, dizziness, double-vision, and trouble with speaking, breathing, and swallowing. Weakness of other muscles, abdominal distension, and constipation may also be common symptoms. People experiencing these problems should seek immediate medical attention. Consumers are warned not to use the product even if it does not look or smell spoiled. Liquid Gold Carrot Juice was distributed in California and sold wholesale to produce companies. Product was sold in plastic see-through containers in gallon, half-gallon, and quart sizes. Product has a white label branded Liquid Gold with picture of carrots and a glass of carrot juice, with UPC Code 7 63213 00130. No illnesses have been reported to date. Consumers who have purchased Liquid Gold Carrot Juice should not consume the product and are urged to return it to the place of purchase or discard the product. Consumers with questions may contact the company at (213)749-7999, Mondays through Fridays 6am-3pm PST. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI (USA): 22 June 2012, A total of 15 persons infected with the outbreak strain of enterohemorrhagic *E. coli* O145 infection have been identified in 6 states: Alabama (2), California (1), Florida (1), Georgia (5), Louisiana (5), and Tennessee (1). Since the last update one new ill person has been identified in Louisiana with a reported illness onset of 21 Apr 2012. This is during the same time period as other ill persons in this outbreak. Among persons for whom information is available, illness onset dates range from 15 Apr 2012 to 12 May 2012. Ill persons range in age from 1 year to 79 years old, with a median age of 31 years old; 73 percent are female. 4 ill persons have been hospitalized. One death has been reported in Louisiana. Illnesses that occurred after 5 May 2012 might not yet be reported due to the time it takes between when a person becomes ill and when the illness is reported. It has been approximately 6 weeks since the last illness onset among reported cases. Although this indicates that the outbreak could be over, the CDC continues to work with state public health officials to identify additional cases and the source of these STEC O145 infections. State public health officials have been interviewing ill persons to obtain information regarding foods they might have eaten and other exposures in the week before illness. Based on interviews of 12 ill persons to date, a source for these infections has not been identified. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (USA): 21 June 2012, A total of 390 individuals infected with the outbreak strains of *Salmonella* [enterica_ serotypes] *Bareilly* and *Nchanga* have been reported from 27 states and the District of Columbia. The 74 new cases are from Alabama (1), California (3), Connecticut (2), District of Columbia (1), Georgia (5), Illinois (2), Kansas (1), Louisiana (2), Massachusetts (3), Maryland (13), Nebraska (1), New Jersey (9), New York (10), North Carolina (2), Pennsylvania (9), South Carolina (1), Texas (7), and Wisconsin (2). 376 persons infected with the outbreak strain of *S. Bareilly* have been reported from 27 states and the District of Columbia. The number of ill persons with the outbreak strain of *S. Bareilly* identified in each state is as follows: Alabama (4), Arkansas (1), California (7), Colorado (1), Connecticut (11), District of Columbia (3), Florida (1), Georgia (18), Illinois (29), Indiana (1), Kansas (1), Louisiana (6), Massachusetts (36), Maryland (39), Missouri (4), Mississippi (2), Nebraska (2), New Jersey (35), New York (58), North Carolina (12), Pennsylvania (34), Rhode Island (6), South Carolina (4), Tennessee (4), Texas (13), Virginia (22), Vermont (1), and Wisconsin (21). 14 persons infected with the outbreak strain of _S._ Nchanga have been reported from 7 states. The number of ill persons with the outbreak strain of Salmonella Nchanga identified in each state is as follows: Georgia (2), Maryland (1), New Jersey (2), New York (6), Texas (1), Virginia (1), and Wisconsin (1). Among 390 persons for whom information is available, illness onset dates range from 1 Jan 2012 to 3 Jun 2012. Ill persons range in age from less than 1 year to 86 years, with a median age of 30 years. 60 percent of patients are female. Among 291 persons with available information, 47 (16 percent) reported being hospitalized. No deaths have been reported. Illnesses that occurred after 18 May 2012, might not be reported yet due to the time it takes between when a person becomes ill and when the illness is reported. The numbers of new cases have declined substantially since the peak in April 2012. The outbreak may continue at a low level for the next several months since some food establishments may be unaware that they received recalled product and continue to serve this frozen raw yellowfin tuna product, which has a long shelf-life. Food establishments should not serve recalled frozen raw yellowfin tuna product, and consumers should not eat it. CDC and state and local public health partners are continuing surveillance to identify new cases. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (MARYLAND): 20 June 2012, The Worcester County Health Department confirms an outbreak of Legionnaire's disease at an Ocean City condo complex. We're told 2 unrelated individuals came down with the bacterial infection. And after an investigation, health officials found both people stayed at the Sea Watch Condominiums within the past 9 months. A water test confirmed the bacterium [*Legionella pneumophila*] is now present in the facility's water system. The Sea Watch is a complex of private and rental properties, and management has notified all guests about the risk of exposure to the *Legionella* bacteria. The health department says guests should use their best judgment whether to stay or leave. If you have symptoms, health experts say seek medical attention. The infection is treatable with common antibiotics. At the recommendation of the health department, the Sea Watch is now working with a water consultant to fix the problem. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

CRIMEAN-CONGO HEMORRHAGIC FEVER (INDIA): 22 June 2012 A local hospital is on alert as a resident doctor died of the dreaded Crimean-Congo Haemorrhagic Fever (CCHF) in Ahmedabad today [Fri 22 Jun 2012]. A doctor at the V S Hospital, who contracted the virus while treating a patient with an unknown haemorrhagic viral fever, today died at a private hospital. "We started screening all ward boys, nursing staff and resident doctors as soon as we received the positive report of the doctor's blood sample from the National Institute of Virology, Pune," said Dr Pankaj Patel, the superintendent of the Municipal Corporation-run V S Hospital. "On Wednesday [20 Jun 2012], while the doctor was treating a patient, a splash of patient's blood landed on his face. Next day he complained of high-grade fever, severe headache, and metallic taste in his mouth. He was immediately rushed here. But today he passed away," said Dr Atul Patel, senior consultant at Sterling Hospital, where the deceased doctor was undergoing treatment. Authorities at the V S Hospital have started checking everybody who was in the medical team with the deceased doctor and given preventive medicines, as were also his colleagues who took him to the private hospital and had stayed with him until he passed away. (Viral Hemorrhagic Fever is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

VIBRIO VULNIFICUS (HONG KONG): 20 June 2012, The Center for Health Protection (CHP) of the Department of Health is investigating 2 fatal cases of Vibrio vulnificus infection, with one of them causing necrotizing fasciitis (flesh-eating disease). The case of necrotizing fasciitis caused by Vibrio vulnificus affected a 48-year-old man who lived in Shenzhen with underlying medical conditions. He presented with fever, pain and swelling in both legs since 16 Jun 2012. He attended the Accident and Emergency Department of Pok Oi Hospital on 17 Jun 2012 and was transferred to Tuen Mun Hospital on the same day. His clinical diagnosis is necrotizing fasciitis and bilateral above knee amputations were performed. His condition continued to deteriorate and he died on 19 Jun 2012. The patient's blood culture grew *V. vulnificus* and his tissue and wound swabs also detected *V. vulnificus*. His home contact was asymptomatic. Investigation continues. The 2nd case of *V. vulnificus* infection involved a 61-year-old man who lived in Yuen Long, with chronic illness. He developed fever since 16 Jun 2012 and loss of consciousness on 17 Jun 2012. He was admitted to Pok Oi Hospital on the same day. His condition deteriorated and he died on 18 Jun 2012. His blood specimen taken during his admission yielded *V. vulnificus*. CHP's investigation revealed that the patient had consumed raw mantis shrimp. His home contact was asymptomatic. Investigation continues. The cases have been referred to the Coroner for further investigation. People are reminded to adopt the following measures to prevent necrotizing fasciitis and Vibrio vulnificus infection: avoid exposure of open wounds or broken skin to seawater or salty water; wounds should be thoroughly cleaned and properly covered; wear thick rubber gloves when handling raw shellfish; cook seafood, especially shellfish (e.g., oysters, clams, mussels) thoroughly; and for shellfish, boil until the shells open and avoid cross-contamination of ready-to-eat food with raw seafood. Patients should seek medical advice promptly if they develop symptoms and signs of infection such as increasing redness, pain and swelling.(Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI EHEC (IRELAND): 20 June 2012, Over the past 6 weeks there have been 2 outbreaks of enterohemorrhagic *E. coli* infection in County Longford, which predominantly affected young children. 4 children who were hospitalised have since been discharged home. As a precautionary measure, 2 creches (day care centers) were closed for a period of time but both have since re-opened. It is understood the Department of Public Health carried out screening of all other children who attended the same creches as the children affected. This is in accordance with the national guidelines on the management of these infections. Nationally over the last 2 years, there have been a number of outbreaks of enterohemorrhagic *E. coli* infection which has necessitated the closure of creches. However, in a statement, the HSE [Health Service Executive] said there is nothing to suggest that the infection originated within the creches. *E. coli* infections can be found in water supplies, on some farm animals, or in certain types of food. The HSE also said creches are cooperating fully with the Department of Public Health. In 2012, the Food Safety Authority of Ireland (FSAI) said there were 285 cases of *E. coli* recorded by the Health Protection Surveillance Centre, compared to 199 in 2010. Even if the person recovers from the diarrhoeal illness, they can still develop kidney complications some weeks later. Signs of HUS include irritability, weakness, paleness, bruising, skin rash with red little spots, passing only small amounts of urine, decreased consciousness, and in rare cases, seizures. Person-to-person spread of *E. coli* bacteria can occur quite commonly in young children. The HSE stress that children with diarrhea should be kept out of creches and other childcare facilities until they are symptom free. They also remind people that careful hand washing is the most important measure to prevent the spread of this infection. Longford County Childcare Committee, which acts in an advisory and coordinating capacity to creches and other childcare facilities locally, stressed this is purely an issue for the HSE. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (SPAIN): 17 June 2012, About 30 patients who were being cared [for] because of moderate gastroenteritis in La Union and Cartagena urgent healthcare centers had a common feature. In addition to their main complaint, all of them attended the well-known Minero bar in La Union. Cultures yielded *Salmonella*, a microorganism which may contaminate food and leads to gastrointestinal symptoms in persons eating such food, one of the most common causes of foodborne illness. With respect to affected persons, 4 persons who were hospitalized because of the severity of their symptoms have already been discharged from Santa Lucia health center. There were waiters and cooks from the Minero bar among them. According to the same sources, there has not been a decree to close the bar, only a single order to close the kitchen. Last Friday morning [15 Jun 2012], the owner of the bar was informed that he should close the kitchen until it is disinfected and it is determined what foods were contaminated. Nonetheless, the place was closed a few hours later, and the owner put a sign on the door announcing it would re-open next Tuesday [19 Jun 2012]. The Minero bar in la Union is one of the most famous places in this community, and it serves the most common dishes representing the local cuisine. The bar was founded in the mid-20th century, and even today it is closely related to the Cante de las Minas Festival. Carlos Javier-Martinez, spokesman of the municipality, expressed his wish that this episode not affect negatively "the image of the bar or of the municipality catering trade", pointing out that "this has been an isolated and unfortunate occurrence which may happen to any professional." Mr Martinez added that the bar and its owner "are well linked to La Union people, and soon everything will return to normal for them and his clients". (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey
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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of

outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable